

FELONY/MISDEMEANOR STATEMENT
Nebraska Department of Health and Human Services
Regulation and Licensure (*Child Care Licensing Program*)



This form is to be completed by all providers, household members, substitutes, volunteers, licensees, directors, teachers, assistant teachers and all support staff, age 19 and older, at initial licensing AND whenever there have been changes in staff or household composition AND whenever an application is submitted.

This statement MUST include all law enforcement contacts regardless of prosecution. List details, dates and county of disposition (i.e., parole, probation, incarceration, fine, community service, etc.) from the age of 19 to the date this document is signed. Law enforcement records may be obtained and reviewed to determine the accuracy of this statement.

For each statement, if you have had NO law enforcement contacts, write "NONE"

My record of felony and/or misdemeanor **arrests** related to **crimes against children** include: _____

My record of misdemeanor **tickets**, other than minor traffic violations include: _____

My record of felony and/or misdemeanor **convictions** include: _____

Pending criminal charge(s) include: _____

My current parole or probation status is: _____

Law enforcement contacts regardless of prosecution include: _____

Signature

Date of Birth

Relationship to Facility

Print Full Name

Other Names Used (previous married, maiden, alias, nicknames)

Name of Provider/Facility

Telephone Number

Date

Failure to provide accurate and complete information may result in disciplinary action against the applicant or licensee.

FOR FCCHI ONLY - Distribution: WHITE - Central Office; CANARY - Child Care Licensing; PINK - Provider/Applicant

